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ABSTRACT This study analyzed interviews with accomplished health equity advocates in the Chicagoland area in order to determine the trends and relationships that influenced these health professionals to become involved in health equity. Early involvement with social justice and significant mentorship opportunities were both mentioned by the majority of participants as informing their career involvement in health equity. Prior studies of health professional's involvement in health equity have advocated that one way to increase interest in health equity would be to increase medical school offerings in social justice issues. Our findings suggest that interventions introducing health equity at an early developmental stage such as middle or high school, might increase the probability that health professionals will consider a career path in health equity.

INTRODUCTION

The Center for Community Health Equity, a collaboration between Rush University and DePaul University, was founded in 2015 in order to contribute to the mitigation and eventual elimination of health equities in the city of Chicago. Between 2017 and 2018, twenty-two interviews about health equity were conducted by students and faculty affiliates of the Center. These interviews covered a broad range of topics about the participants' life history, career trajectories as well as their understandings of barriers and facilitators to health equity in the city of Chicago.

Over the past several decades, health equity has become an increasingly important focus of academic inquiry and major public health initiatives

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(Braveman *et al.,* 2018). Despite the recognition of the importance of health equity, a group of studies have indicated that there are a variety of barriers, including time constraints, inadequate remuneration and absence of formal curriculum that prevent health professionals from focusing on it within their career (Crandall *et al*., 1993; Komaromy *et al*., 2016; Law *et al*., 2016). A smaller group of studies have looked at a range of factors, including early exposure to social justice, that could play an important role in encouraging young people interested in health care to become involved in health equity (Crandall *et al*., 1993; Vanderbilt *et al*., 2007; Mu *et al*., 2011).

Our study sought to fill the gap in literature with regard to the role that early life experiences played in shaping health professionals' awareness, interest and involvement in the field of health equity. We analyzed the 22 completed interviews, focusing in particular on participants' responses to questions about their experiences with health equity in childhood and adolescence. We also describe what participants reported as being the most significant obstacles to health equity in the city of Chicago. Our study protocol was approved by the Institutional Review Board at DePaul University.

METHODS

This study builds on work already completed by students and faculty who were affiliated with the Center for Health Equity. The project was started with the intention of interviewing authors of academic papers that the original co-PIs were considering including in their book, Community Health Equity, A Reader (University of Chicago, 2019). The authors of the papers all shared the characteristics of having published key works in health equity or were leading projects or initiatives in the field. These initial contacts were asked to recommend other potential interview subjects who might be interested in the project. Potential participants were contacted through email, and a follow up email or phone call was made if no initial response was received within two weeks of the first email. Only two out of twenty-four respondents declined to participate in the project.

Number of Participants		22
Gender	M	8
	F	14
Degree Type	MD	7
	PhD	9
	Combined (MD/PhD + Other)	10

Figure 1: Subject Demographics

From January 2017 to July 2018, 22 semi-structured interviews ranging from 22 to 60 minutes were conducted with participants either in-person or over the phone. If participants chose to complete an in-person interview they were given the option of doing so in their place of work, a public space, or in a conference room at DePaul University. These interviews were conducted and transcribed by DePaul University students, including Jessica Puri, Sarah Wozniak, Celie Joblin, Amber Miller, Rosio Patino, LaShawn Murray.

The semi-structured interview guide was composed of a total of 12 questions across three thematic domains (see Appendix A for interview guide). Participants were asked about their experiences growing up that might have led to an interest in health equity, the specific approach they take to their work in health equity and their perception of the barriers and facilitators of health equity in Chicago.

Each interview was audio recorded and transcribed. Participants were then emailed a text file containing the transcript approximately 2-4 weeks after their interview. Participants had the opportunity to review their comments and suggest appropriate clarifications, changes or additions. When the edited transcription was approved by the participant, the interview text was posted to the Center for Community Health Equity's website as an archive on a public domain.

Our own participation in this project began once the above work had already been completed. The

authors began by entering all of the interviews into the coding program NVivo 12. We used the constant comparative method of analysis (Glaser, 1965; Onwuegbuzie et al., 2009). Data were analyzed in three phases. The first phase used open coding (Glaser, 1992), wherein all three authors read 22 transcripts to become situated in the data, noting key words or phrases that addressed questions or concepts aligned with the domains of inquiry. Then, we assigned brief descriptive words/phrases (codes) to noted passages. To ensure interrater agreeability and fidelity of research findings, one analyst coded a set of three transcripts, then provided their coded transcripts to another analyst for review; this analyst either confirmed the codes assigned or flagged codes for discussion. This process continued until all transcripts were coded or reviewed at least two authors. We met regularly to discuss and iterate codes and resolve interpretive differences until consensus was achieved or adjudication amongst ourselves was needed.

The second phase of analysis employed axial coding to group thematically similar but distinct codes into smaller categories, grouped by domain of inquiry. For example, the code "mention of social justice" was broken into "social justice involvement – mentors" and "social justice involvement – family members". Final codes and categories were consolidated into a single codebook. The third phase of analysis used selective coding (Corbin & Strauss, 2014) to identify and describe emergent themes informed by the relationships between the coded data. Conclusions drawn from the qualitative data were reviewed in the context of the entire data set with the goal of finding discrepant information. We determined that thematic saturation was met when no new findings emerged in the domains of inquiry defined *a priori*, as described above. This approach, described by Saunders et al. (2018) as "a priori thematic saturation," is used to exemplify (rather than develop) existing theory.

RESULTS

Interviews with 22 participants included questions about two broad themes: 1. Identity formation, including their experience with mentors and 2. Perceptions of barriers and facilitators to health equity. See Figure 1 for a demographic description of the participants.

Identity Formation: Early exposure to Social Justice and Mentoring

Throughout our interviews, participants spoke about the importance of their values and ethical commitments to social justice. They often linked these commitments to personal experiences with social activism that had occurred in their childhoods or adolescence. Of the twenty-two participants we interviewed, seventeen of them indicated that they had become involved in social justice issues in their youth. For example, several participants discussed the ways that social tensions they witnessed when they were young shaped the way they thought about the world. As one participant reported: "Reflecting back [on the civil rights era], I realize the unrest that I lived through as a ten-year-old became a significant part of my formative experience and coming of age. My experience with Newark's social unrest shaped the way I think about the world and the emerging challenges that exist in today's urban communities and the nation at large" (Interview 21, PhD).

Another participant reflected, "I am from Detroit. I was born in Detroit in 1968, and if you know the history, that was a critical period in Detroit. People came to Detroit in the last century, Black and white, because it was a land of industrial opportunity. All kinds of people came. It was a tremendous melting pot. I was born in this flash point period where tensions between White and Black people were flaring. Of course, I was too young to know what was happening in my city, but I do believe that –and there is growing evidence to support how -factors outside our body get under our skin and influence our physiology" (Interview 14, MD, MAPP).

Nearly half (ten) of the participants in our study indicated that their families were deeply involved in social justice issues, and that this example was a motivating force in their lives. For instance, one participant shared that their father was "an African-American history professor and was involved in the civil rights movement and was part of the Freedom Riders that would come

down. He was born and raised in Cleveland, Ohio. I was exposed at a very young age to civil rights and equity issues" (Interview 2, MD, MPH MSc). Another participant shared that, "Coming from a family that does a lot of community organizing and a lot of work that is beyond yourself. I think the history of my family back in Mexico, really, was carried over when we came over to the United States, understanding that our role was bigger. So, I started organizing when I was in elementary school" (Interview 19, MSW).

Within this category of early exposure to social justice, several patterns emerged regarding participants' responses to it. Multiple participants spoke, for example, about going to a specific college in order to further their activism. For example, one participant said, "I went to Vanderbilt as an undergraduate because when I was a senior in high school [I saw] black students were protesting. […] And I was like, "That's so cool! You can do that? I want to be a part of that! So, I went to visit and interview [At Vanderbilt University] and it all worked out and I just really wanted to be a part of that energy" (Interview 2, MD, MPH, MSc).

Others expressed that being exposed to violence or racism had influenced their decision to do research or choose a residency or seek employment in a setting that was racially diverse. For example, one participant told us that "When I was looking at different areas in surgery, the one that resonated most with me was trauma because I'm from Detroit. I'm from Michigan. I grew up basically surrounded by high-risk youth. I understand the patient population very well because of my background. I empathize with it. So, it was a natural connection with the patient base and I also really like the immediacy of saving people's lives" (Interview 1, MD, MPH, FACS). Only two of the participants in our study did not explicitly discuss being exposed to social justice issues growing up, nor link their decision to go into health equity to their upbringing.

Another broad theme that emerged within the discussion of identity formation was the role of mentoring. Almost all the participants we spoke with acknowledged how their commitment to social justice had been facilitated by forms of mentorship. Most participants described the influence of specific mentors in their lives. For example, one participant shared that "my mentor in the neonatology program happened to be friends with a professor at the school of public health in Chapel Hill a few miles away. So, my mentor's friend just kind of took me on as a trainee. I never did get a degree in public health. But I got coaching and my first major projects during my neonatology fellowship were in that field" (Interview 4, MD).

Participants discussed the ways mentors had shaped not only whether but also how they approached advocacy. For example, one participant said "[they] had this amazing mentor, Dr. L. who was all about equity. She would say, 'In order to break the glass ceiling, we need men of good conscience.'... She taught [them] a lot about how you frame things, and how you try to engage everyone and not isolate yourself" (Interview 13, MD, MPH).

Mentors were cited as exemplars, guiding participants' development and demonstrating how advocacy work could be actualized. For example, another participant shared, "A., who's the Director of C. really helped me understand that policy isn't enough. That some communities are more equipped to take up new policies and enforce them and monitor them, and the communities who probably need the policy the most, have the least resources for that" (Interview 6, PhD).

Other participants referred to examples of training, education, or work experience that afforded them the skills and understanding needed for work in health equity. As one participant explained, "Initially, the person who got me on this path of understating health disparities and health equity issues, was a fellow named C.L. […] when I first came here in '99, he was my direct mentor. I had my boss, but he was my direct mentor that I worked with on papers. [Our] paper on perceived discrimination shaped my thinking on social determinants and really trying to understand the social forces that shape disparities. So, we worked together for several years before he left. You know, and so now I have other people I work with

and who are ahead of me on the trajectory, but I would say that he was really influential on getting me on the path" (Interview 12, PhD).

Finally, participants were asked about facilitators of and barriers to health equity in Chicago. The most common facilitators of health equity mentioned by participants were collaborative efforts led by community members and academic partners. For example, one participant stated, "I believe in community-academic partnerships where we are constantly listening to the voices of the community and how we can find creative and innovative ways to pursue health equity, mental health and wellbeing and also in initiatives that really value commitment to research that is community based, community based participatory action research approach that really involve the community" (Interview 22, PhD, LCSW[viii]). Another participant stated, "I do feel like the solutions to addressing health equity in Chicago are solidarity and working together in unity and that's really hard because we've basically been structured and are used to these segregated, both communities and disciplines and academic institutions, so it's really breaking away from that, which is hard" (Interview 7, PhD). Other participants mentioned the importance of new leadership, including one who said, "I think there is a new day in youth leadership coming where there's a pipeline of people who've been exposed to these issues, who are willing to do the hard work" (Interview 6, PhD).

Regarding barriers to health equity, participants cited structural segregation and systemic racism as significant barriers to achieving progress in this area. For example, one participant state, "Institutional racism plays a large role essentially determining how these networks are created. I probably said this in some of the sociology journals, but the bottom line is the network looks the way it does because of how race and place get confounded into Chicago and how certain policies place people of color and from certain neighborhoods in situations" (Interview 5, PhD).

Another participant reported that "There's structural issues just in terms of housing, jobs, education, kind of all the pillars that hold us up. Those are huge contributors. You know, for every community health problem you can name, you can think about how poor education systems might impact that, how low-wage jobs might impact that, how lack of resources in your community infrastructure may impact that" (Interview 6, PhD).

Another barrier that participants consistently brought up was not having enough money to address issues of health equity. Lack of funding, grants and limited city budgets were all brought up as concrete barriers to making progress in health equity. For example, one participant explained that, "Money is a big [barrier]. I think there still are elements of racism, of discrimination against people of different ethnicities, of different national origins, of different languages, but I have to [say] money, the lack of it, is a huge challenge. Finding enough money to pay for our programs, for example finding enough money to pay for a job training program. You might have a great idea, a great program, but if you don't have the money to fund it, how are you going to get it out there?" (Interview 15, MD, MPH).

Another participant explained in a more nuanced way how accepting funding can sometimes prevent smaller organizations from speaking out against city policies that are dangerous for public health. They stated, "Smaller non-profits who are receiving funding from the city, who because of that, feel like they can't completely be against things that the Mayor is doing or saying. So, these school closures… that is a health issue. That is a public health problem" (Interview 16, MPH).

One participant put the problem succinctly, "They [UIC] literally pulled the funding from right up under us" (Interview 17, RN, MPH).

DISCUSSION

Our study explored the connection between participants' involvement in social justice during their adolescence and young adulthood and their decision to work in the field of health equity. Participants described factors that contributed to their identity as a health equity advocate, including early exposure to social injustice, the diversity in the neighborhoods they grew up in, and formative experiences they had with mentors.

These experiences facilitated their engagement in health advocacy work and indicates that further research could be conducted in order to determine if becoming involved in social justice-oriented health issues before reaching the age of formal schooling in medicine makes people more likely to pursue health equity in their careers.

Prior studies suggest that identity formation around health equity occurs during different developmental stages, rather than at a particular moment in time (Law et al., 2016; Awosogbe et al., 2013). Our own study speaks to this finding by showing that health practitioners involved in health equity recall early and repeated exposure to social justice and health equity issues, rather than a single "ah-ha" moment. With further research, this finding could indicate that medical school curriculum designed to encourage an interest in health equity could be accompanied by an introduction to health equity issues at much earlier stages. For example, the study by Mu *et al*. (2011) suggests that an introduction to social injustice, and exposure to vulnerable populations during or before high school were important factors in why the participants in their study became engaged in health equity. This indicates a larger role for primary and secondary education in introducing the topic of health equity than has previously been acknowledged.

Our study also examined the barriers and facilitators to implementing health equity. Facilitators of health equity tended to be seen by participants as individual; charismatic health care providers for example who sought to overcome health care inequalities at any cost. Like the influences on our participants to enter the field of health equity, facilitators were personal in nature, rather than structural. These findings are a reminder that even if we conscientiously attempt to increase the positive influences health care providers receive to make health equity a focus of their careers, significant barriers remain to its achievement.

Our study had several significant limitations. These include the small size of our sample, and the fact that it was a convenience sample. Because of these factors, we are unable to state how representative the views and experiences expressed in this study are. In addition, because different students conducted the interviews, not every participant was asked every question which could have led to a bias in our analysis and in the description of our results. We suggest that future studies could make use of the codes we've developed and design a survey which would assess the causal relationship between an early involvement in social justice issues and the decision to purse health equity as a career.

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Appendix A: Voices of Health Equity in Chicago Interview Guide

Introduction: Hello Dr. _____. Thank you so much for agreeing to be interviewed today. My name is _____, and I am with the Center for Community Health Equity at DePaul University.

Our interview covers three broad areas: (1) who you are, how you got to be who you are, (2) discussion of your work (a key article, idea or project), and (3) discussion of health equity in Chicago, how you see things unfolding in the coming years, etc.

This conversation is being recorded for research purposes. Our plan is to post a fairly raw transcript of the conversation on the Center's website - contributing to an archive of different 'voices of health equity' in Chicago. Please let me know now if you do not agree to being recorded. You may request that the recording stop at any me. And you will have the opportunity to review and edit the transcript of the interview, of course.

Biography

1. Could you tell me about who you are, and what you do?
a. And how did you get to this position - education, training, etc.

2. How did you come to focus on this issue? Why is health equity a concern?
3. Who or what has influenced your career? [Possible probing questions: did you have mentors that nurtured your interest in health equity? Did you experience institutional or professional barriers in pursuing health equity research? Or a key book or article that nurtured your interest?]

Your work

4. What was your goal in publishing this article [or enacting a project, etc.]?
5. Would you say you accomplished this goal?
6. Can you tell me about the impact of this work?

Perception of health equity

7. What do you think are the biggest obstacles when dealing with community health in Chicago?
8. Are you optimist about the state of community health equity in Chicago? As a city, are we on the right track?

9. And lastly, do you have any advice for students that may read this interview? Students beginning their studies, who have an interest in health equity...

Thank you very much for talking with us today.